Name in Full

Joseph R Carter

Certificate of Death

Town

County

Diod at Alms House Queen Anns MARYLAND

Date 1898	Month Oct	Day 28	Age Y. 34	M.	D.	Native of 2a County	Occupation Carpenter

Male yes White yes Married no Widow Divorced

Female Colored Single Widower Number of children living

Husband / Wife of

Father's Name Joseph Carter

Mother's Name dont know

Cause of Death

Primary Malaria 22a — How long sick over a year

Immediate Pulmonary Consumption — Accident, Suicide, Homicide

Reported by Superintendant Alms House

Address [redacted] J A Norton M D

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full: Mordecai L. Cockey

Certificate of Death

Died at: Town: Kent Island County: Queen Anne MARYLAND

Date 1898: Month: Oct. Day: 30 | Age: Y. 78. M. D. | Native of: Queen Anne | Occupation: Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of: Ida Cockey 25 E.

Father's Name: Jno. Cockey

Mother's Name: Mary Cockey

Cause of Death: Primary: Cancer ~~in left~~ axilla & breast | How long sick: 2 yrs.

Immediate: General debility | Accident, Suicide, Homicide

Reported by: John R. Benton, M.D.

Address: Kent Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

PCI 30

Name in Full: Willie S. Corbitt

Certificate of Death

Died at Town: Centreville County: Queen Annes MARYLAND

Date 189 8 Month: Oct. Day: 11 | Age Y. 9 M. - D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name: Fred. Corbitt

Mother's Name: Fannie Corbitt

Cause of Death: Primar Diphtheria 8A | How long sick 3 days

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by Jas Boodley

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Grover Dill

Certificate of Death

Died at Near Town Church Hill County Queen Annes MARYLAND

Date 1898 Month [illegible] Day 17 Age Y. 13 M. 3 D. 12 Native of Md. Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name James Dill

Mother's Name

Cause of Death Primary from Boiler Explosion

Immediate 152 a

How long sick Instants

Accident, Su~~icide, Homicide~~

Reported by J K Brown

Address Church Hill Md

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Attended by Dr. None

of

Information contained in this certificate was received from James Dill

of Church Hill

Name in Full — Certificate of Death

Lydia Feddeman

Died at — Town: Centreville — County: Queen Anne's — MARYLAND

Date 189 — Month: Oct — Day: 23d — Age: Y. 80 M. — D. — Native of: New York — Occupation: Lady

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 0

Husband / Wife of: P. N. Feddeman Sr.

Father's Name: Don't Know — Mother's Name: Don't Know

Cause of Death — Primary: Mitral Obstruction — How long sick: 2 years

Immediate: Pulmonary Congestion — ~~Accident, Suicide, Homicide~~

Reported by: 57 — Dr. Jas. Bordley

Address: Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. B596R

Name in Full

Certificate of Death

Rosie Gasaway

Town

County

Died at Boonsville 2A MARYLAND

Oct 27 Month Day

Y. M. D.

Native of

Occupation

Date 189 8

Age 2 years

2A Co

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name Thos Gasaway

Mother's Name Emily Gasaway

Cause of Death: Primary 44

How long sick 18 months

Immediate Paralisis

~~Accident, Suicide, Homicide~~

Reported by Thos Gasaway

Address Dawson & Whitely

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85969

P.C.I 3 4 no physician

Name in Full

Certificate of Death

Mrs. Araminta Sidney Goldsborough

Died at Centreville (Town) Queen Annes (County) MARYLAND

Date 1898 Month 10 Day 13 | Age Y. 63 M. 6 D. 2 | Native of Balto. Co. Md. | Occupation Lady

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of Robt Goldsborough

Father's Name Wm Sidney Wilder | Mother's Name Araminta Rogers Bayly

Cause of Death: Primary Mitral Regurgitation 5-7 | How long sick 2 yrs

Immediate Syncope | ~~Accident, Suicide, Homicide~~

Reported by J. Thornton M.D.

Address Centreville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Charles C. Harman

Certificate of Death

Died at Centreville, Town Queen Annie County MARYLAND

Date 1898 Month 10 Day 2 | Age Y. 54 M. 11 D. 17 | Native of Va. | Occupation Jeweler

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Alice Harman

Father's Name John E Harman | Mother's Name Julia A Harman

Cause of Death: Primary Valvular Heart disease & Arteriosclerosis | How long sick 18 months

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by J. M. Dorman M.D.

Address Centreville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66668

Name in Full: Lelia A. Hilderbrand

Certificate of Death

Died at: Town: Church Hill — County: Queen Anne — MARYLAND

Date 1898 — Month: Oct — Day: 30 — Age: Y. 42 M. 4 D. 19 — Native of: D.C. — Occupation: House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: 2

~~Husband~~ Wife of: Rev S. J. Hilderbrand

Father's Name: B. F. Guy — Mother's Name: Margaret Morsell

Cause of Death — Primary: Typhoid Fever — How long sick: 42 days

Immediate: Nervous Prostration — ~~Accident, Suicide, Homicide~~

Reported by: J. H. H. G. Weedon

Address: Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mrs Sarah Elizabeth Legg

Died at Town Centreville County Queen Annes MARYLAND

Date 1898	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	10	19		73	1	7	Queen Annes Co	Milliner

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | Widow | ~~Widower~~ | ~~Divorced~~ | Number of ~~children living~~

~~Husband~~ Wife of W. B. Legg

Father's Name Asmuder Sparks

Mother's Name Elizabeth Sparks

Cause of Death — Primary: Chronic Interstitial Nephritis — How long sick 3 yrs

Immediate: Exhaustion 97

Accident, Suicide, ~~Homicide~~

Reported by Jno Norris MD

Address Centreville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full Geo. A. Liggins — Certificate of Death

Died at Queenstown — County Q. A. Co — MARYLAND

Supposed to be — Date 1898 Month Oct. Day 6 — Age Y. 45 M. — D. — — Native of Del — Occupation Oysterman

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widower~~ ~~Widow~~ — Number of children living Three

Husband ~~Wife~~ of Mary Liggins

Father's Name not Known — Mother's Name not Known

Cause of Death — Primary: Drowning — How long sick →

Immediate: Suffocation — 14 — Accident, ~~Suicide, Homicide~~

Reported by Dr. Elias T. Davidson

Address Queenstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full: Pearl C. Merchant

Certificate of Death

Died: Town: near Ruthsburg County: Queen Annie MARYLAND

Date 1898 Month 10 Day 1 | Age Y. 5 M. 15 D. | Native of Md | Occupation nursing

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: John J Merchant

Mother's Name: Jennie Long Merchant

Cause of Death: Primary: Intero-Colitis

Immediate: Exhaustion

How long sick: 10 days

Accident, Suicide, Homicide

Reported by: J M Corkran M.D.

Address: Centreville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Issac Poor

Died at Town: Roe County: Queen Anne MARYLAND

Date 189 8 Month: Oct. Day: 2 | Age Y.: 4 M.: 3 D.: | Native of: Q. A. Co. | Occupation:

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Mathew Poor Mother's Name:

Cause of Death — Primary: Croup & b — How long sick: 3 days

Immediate: Suffocation — Accident, ~~Suicide, Homicide~~

Reported by Walter H Fenby M. D.

Address Ruthsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55565

Name in Full Charles H. R. Merrick

Certificate of Death

Died at Town Ingleside County Queen Annes MARYLAND

Date 1898 Month Oct Day 18 | Age Y. 53 M. D. | Native of Queen Annes Co | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Kate Thomas

Father's Name Jas Merrick

Mother's Name Margaret Roe

Cause of Death: Primary Cancer of throat

Immediate 25 g

How long sick

~~Accident, Suicide, Homicide~~

Reported by R K. Colley, M.D.

Address Sudlersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Name in Full

Certificate of Death

George Henry Richardson

Died at Centreville (Town) Queen Anne (County) MARYLAND

Date 189 8 | Month Oct | Day 4th | Age Y. 7 M. 0 D. 20 | Native of | Occupation

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband / Wife of

Father's Name J. W. Richardson

Mother's Name Mary F.

Cause of Death — Primary: Diphtheria. 8 da

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Eugenia. Pr. Gen. Oct 7th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Mrs Carrie E. Seney

Town

Centreville

County

Queen Anne's

Died at

MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1898	10	24	Age	56	7	9	Md	Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Samuel Seney

Father's Name —

Mother's Name —

Cause of Death — Primary: Cancer of Breast 2 3 C — How long sick: 5 yrs

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by J. Workman M.D.

Address Centreville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU F5068

Name in Full Mrs Lidia Stoner

Certificate of Death

Died at Town Queenstown County Queen Anne MARYLAND

Date 1898 Month Oct. Day 3 | Age Y. 60 M 6 D. 4 | Native of Baltimore | Occupation Nothing

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband ~~Wife~~ of B. E. Stoner

Father's Name Not Known

Mother's Name Not Known

Cause of Death: Primary Bed Ridden 11 yrs - Broken Hip

Immediate Pneumonia, Heart failure

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by Dr. Davidson

Address Queenstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Charles William Thompson

Died at Town Star County Queen Anne MARYLAND

Date 189 8 Month Oct Day 16 Age Y. 50 M. D. Native of Md Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of

Father's Name

Mother's Name

Cause of Death { Primary Bright's Disease

Immediate Coma

How long sick 2 mo.

~~Accident, Suicide, Homicide~~

Reported by Walter H Fenby, M.D.

Address Ruthsburg Queen Anne's Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85858

Name in Full

Certificate of Death

Mabel Catharine Voshell

Town: Crumpton County: Queen Anne MARYLAND

Died at

Date 1898 Month: Oct. Day: 14-

Age Y. 0 M. 4 D. 22

Native of Maryland

~~Occupation~~

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living

Husband / Wife of

Father's Name: Walter A Voshell

Mother's Name: Anna Eliza Voshell

Cause of Death: Primary: Entero Colitis 82

Immediate: do.

How long sick: one week

~~Accident, Suicide, Homicide~~

Reported by: F N Rhoads

Address: Crumpton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name in Full

Certificate of Death

Charles Tyrson Williams

Died at near Town Bridgeton County Queen Anne MARYLAND

Date 189 § Month Oct Day 7 | Age Y. 22 M. 3 D. 7 | Native of Ind | Occupation Farming

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Wm M. Williams

Mother's Name Susan Benton

Cause of Death: Primary Acute Lobar Pneumonia — How long sick 6 days

Immediate Heartfailure 7hr — Accident, ~~Suicide, Homicide~~

Reported by Walter H. Fenby M.D.

Address Rathsburg Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55955